II.

ON THE PSYCHO-NEUROTIC AFFECTIONS WHICH ACCOMPANY AND OFTEN MASK PHTHISICAL DISEASE.

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IT is a daily observation that there is a special condition of the mind associated with pulmonary tuberculosis. Frequently it consists in a peculiar cheerful hopefulness, the *spes phthisica*, which seems strangely out of harmony with the unmistakable signs of an advancing fatal disease by which it is accompanied. But there is also a state of mental depression which has been noticed in intimate association with the disease. The peculiar hopefulness is most frequently met with in the acute form of phthisis, and it is often so irrational and persistent as to amount to an insane delusion, growing in strength in spite of the accumulating evidence of its baselessness. In the last stage of such cases the religious and emotional exaltation is often extreme, and actual delirium not unfrequent. To give examples of cases of this kind is quite unnecessary; every practitioner has seen them, and the mental condition described is not present before the objective signs of phthisis are well marked, and consequently need not come in question in making out a diagnosis.

An opposite mental condition is met with in chronic phthisis, more especially in that form which has been called latent. All through the course of this disease there is a prevailing depression and distrustfulness, though the physical symptoms are neither so distressing nor so obvious as in the acute forms. The mental symptoms sometimes precede

the physical. Langour and depression, mingled with waywardness, are characteristic of the initial stage, and are usually accompanied by general functional debility—Neurasthenia—which is often attributed to mere disturbance of digestion and assimilation. The skin is habitually pale and the circulation feeble. In many cases the physical signs of pulmonary phthisis when present are apt to be overlooked; in others they escape observation for years, though repeated and careful examinations may have been made by competent observers. Again, where the mind is much affected, the ordinary symptomatic cough, expectoration, and dyspnœa are often absent; and this is the case sometimes where physical exploration reveals the existence of pretty large excavations and other characteristics of advanced disease.

As the further stages are reached the mental condition becomes less one of depression and more of distinct enfeeblement; occasional fits of considerable irritability and excitement may vary the picture. There is a disinclination to enter into any kind of amusement or continuous work; and even if it be overcome there is no interest manifested in the employment. This condition might be called a mixture of subacute mania and dementia, being sometimes the one and sometimes the other, the symptoms of dementia predominating as the disease advances towards the last stage. If there is any tendency to periodicity at all in the symptoms, the remissions are not so regular nor so complete, nor so long, as in ordinary periodical insanity. The mental depression in these cases is accompanied with irritability and the want of any fixed depressing idea or delusion. If there is any single tendency that characterizes the mental state of these cases, it is to be *suspicious*.

Quite an interesting case in this respect is that of Mary B., æt. 36, married, multipara, who came under my observation in Jan., 1880. Her father died of cerebral apoplexy; her mother, an energetic but excitable woman, is alive and well; two sisters in good mental and physical condition; another one is somewhat weak-minded, and has made an attempt at suicide, under the influence of some insane delusion. Mrs. B. has lived in comfortable circumstances; her

husband has always been kind and indulgent to her; her three children are healthy and well-behaved, and until her twenty-ninth year nothing unusual had occurred in her physical or mental condition. In 1878 she underwent an operation for lacerated perineum. The wound healed by primary union, but during the nine or ten days she was confined to bed she had some febrile exanthema, which was pronounced to be urticaria, and passed off quickly enough. Soon after she began to be troubled with malaria-like symptoms, on account of which she took quinine, and finally moved out of the house she then occupied, though no other inmate of the same had intermittent fever or other maladies which could be traced to any house-poison. During the winter of '78 she was not well, and went to Europe in '79, where she continued to have frequent and irregular attacks of slight fever, alternating with gastric disturbances; also an acute attack of extensive febrile erythema, ending with desquamation, as in scarlatina; and short periods of well-being. Never any cough or expectoration, but a good deal of worry and fretful speculation about her peculiar malaria or blood-poisoning, and occasional attacks of slight depression. She returned late in autumn, '79, and when I first saw her I found her comparatively well nourished, rather pale, with good, somewhat rapid, pulse, normal temperature, normal respiration, no cough nor expectoration, appetite uncertain, bowels regular, physical ability good, but great disinclination to pursuit of pleasure or work; nothing she loved so well as to talk and argue about her case from morning till evening with any one who chose to listen. Physical examination negative as to respiratory organs; spleen and liver neither enlarged nor tender; her retroverted uterus was easily replaced, and held in position by a pessary; her stomach improved by a proper regimen. However, I soon noticed that Mrs. B. had occasional slight rises in pulse and temperature, and quinine having no apparent influence in combating this febrile condition, the diagnosis "intermittent fever" was soon abandoned. In the course of the next two years her appetite continued to be capricious; she lost in weight slowly, but perceptibly; became more pale, but not en-

feebled; had crying spells and fits of depression, but never coughed; febrile movements were frequent. Although I strongly suspected the development of disease of the respiratory organs, neither myself nor anybody else was able to detect any thing by repeated and searching examinations. A complete change of climate to Davos or some other suitable place, with the intention of having the patient stay there, could not be carried out then nor subsequently, when more urgent indications arose, owing to an utter want of fixity of the patient's mind, as well as the want of firm support on the part of her friends.

In March, 1883, I noticed fine crepitant râles and slight wavy breathing and a little dulness on percussion over right apex for the first time, but these symptoms went and came in an irregular manner, and so did a slight cough and expectoration of a little bluish-white sputum. So insignificant and transitory were the physical signs, that as late as July of that year an eminent European authority had to keep the patient under observation for nearly six weeks, before he was able to find symptoms which induced him to agree with me in the diagnosis of latent phthisis. While abroad again she had a severe attack of febrile erythema, ending with extensive desquamation over upper extremities and the body; also periods of hysterical excitement alternating with depression, and anorexia and diarrhœa alternating with ravenous appetite. On her return to the city she did not look much worse than when she left; latterly disbelieved the idea of her lungs being affected, but had a growing conviction that her whole trouble was due to blood-poisoning brought about by the perineal operation performed some years before. Some friend telling her that all her troubles might be taken away by her having another child, Mrs. B. responded to this advice very promptly, and late in 1884 I delivered her of an apparently strong and well-formed boy. All during her pregnancy she had little to complain, but four weeks after delivery she experienced her old malarial symptoms again, and felt altogether wretched and despondent. She went and consulted the physician who had performed the operation for lacerated perineum upon her, who,

being ignorant of the state of her lungs, unfortunately encouraged her in her notion of blood-poisoning, and treated her for some weeks with antiseptic hypodermics. As soon as possible these proceedings were discontinued, but the patient not feeling any better after the treatment, immediately became suspicious of having now been thoroughly poisoned by these injections. This suspicion quietly developed to an insane delusion with wild maniacal propensities, and her temporary confinement to an asylum became necessary in March, 1885. On her discharge from it six weeks later she was quiet, but continued to nurse the former belief, and had grown quite suspicious towards some of her friends, whom she supposed to have conspired with the doctor in poisoning her. The latter suspiciousness continued its hold upon her up to the fatal end of her disease.

During the summer of 1885 the pulmonary phthisis progressed bilaterally and extensively. There was considerable expectoration, and blood, elastic fibres, and Koch's bacilli could be demonstrated in the sputum.

In August there occurred another short period of mania that required asylum treatment for two months. In October she showed all the signs of a hectic, but became more quiet as her feebleness increased, and gradually sank and died from exhaustion in December.

A case where the pulmonary signs had been overlooked and the patient treated for melancholia, supposed to be due to amenorrhœa, is that of Sister B., of the order of St. Francis. She is thirty-two years old, tall, pale, and thin, her pulse feeble, appetite and digestion quite irregular. No menstruation for twelve months. Expression of countenance very markedly that of melancholia. Family history phthisical. Though I had no difficulty in making out the signs of bilateral pulmonary phthisis on first examination last March, she presented none of the general signs of tuberculosis, but she had fever of irregular type and gradual loss of flesh like the first case. By nutritious food, cod-oil, the hypophosphites, and occasional doses of antipyrin and complete rest, a marked improvement in the patient's mental and physical condition was obtained in two months.

The symptoms of melancholy passed away, and she cheerfully did her work again, which she had lost all ability and inclination to do before. The improvement, however, was transitory, the mental condition of the patient grew worse again in May, she refused food, lost all interest in her work, had delusions of a religious character, and made several attempts to hang herself. In June she was taken to another place out West belonging to these Sisters, but is no better so far as I know.

Of vasomotor neuroses, it is the mild and graver forms of hysteria under which tubercular phthisis loves to hide its insidious work. Female patients, generally with some hereditary taint, I have seen to present various spinal and arthropathic symptoms of an hysterical character for some years before the presence of pulmonary phthisis could be demonstrated.

The case of Mrs. F., hereditaria, æt. twenty-five, primipara, is interesting in this respect. She is a very stout woman, and has been under my treatment for two years, principally for rheumatoid joint-affections and neuralgias, which, I believe, are due to the action of the tubercular poison. She has never shown any fever, but has slight hæmoptysis from time to time, and whenever that occurs I am able to detect abnormal conditions in left or right apex, which disappears again with the hæmoptysis. She has no cough or expectoration generally, neither bacilli nor elastic fibres have been found in the sanguinolent sputa, but I am sure it is only a question of time in this case for destructive changes to develop in the lung-tissue.

Another case, which I saw in November, 1885, in this city, was that of Mrs. W., aged thirty-five, multipara, hereditaria, who, besides having slight cardiac disease, had been troubled for many months with hemianæsthesia, hemiparesis, transitory unilateral amaurosis, various neuralgias and arthralgias as we often see them in the graver forms of hysteria. Of late considerable fever had set in, the articular pain in lower extremities increased, and she had been confined to her bed for some weeks when I was called in to give advice as to the rheumatic fever from which she was

supposed to suffer, and which had thus far been refractory to quinine and the salicylates. There was but little cough and expectoration, yet there was no difficulty in proving disease of the apices and probably general tubercular infection, simulating rheumatic fever. Upon inquiry I have ascertained that since March last her neurotic and rheumatoid troubles are in abeyance, but the phthisical pulmonary process has become progressive.

The cases of phthisical insanity and phthisical neuroses I have seen thus far concerned mainly women; in nearly all of them the hereditary element played an important part, and the nervous symptoms were not traceable to other influences besides the tubercular infection, which led to malnutrition and functional disorder of the cerebral nervous system, often long before any pulmonary or intestinal lesion had been produced by it. I see no reason why the tubercular virus, having lain dormant, for instance, in the bronchial and other lymphatic glands, in hereditary cases, may not on entering the circulation affect the nervous system as well as the joints, bones, and other tissues, though I concede that many of the symptoms above described may be due to malnutrition and anæmia accompanying the tubercular disease. Almost always there is a perverse relation to be noticed between the pulmonary affection and that of the nervous system; while the former may be insignificant, often hardly suspected, the latter may alarm and worry the patient and his friends; and *vice versa*.

The course of phthisis, thus complicated, or marked is slowly but surely progressive; the prognosis as to permanent relief or even considerable improvement, worse than in ordinary cases, for the reason that there is so much difficulty on account of the fickleness of mind, feebleness of will, and marked distrust on the part of such patients to carry out a definite plan of treatment for a proper period of time. Besides, there is the hereditary element which so often is athwart all therapeutic measures.

So long as we do not know of a remedy which will be at least as good an antidote to the tubercle-virus as mercury is to syphilis, we had better give no drugs to such patients,

except for special purposes. But as much good has been accomplished in phthisis and therapeutics by sea and mountain air, the patient ought to be sent to a sanitarium selected with due regard to his individuality and the peculiar features of his case; and into the care of an accomplished physician who has learned to treat and manage phthisical patients rather than phthisis. I am afraid that many physicians are not aware that the phthisical patient needs often a good deal of moral treatment and management before we can depend upon him to carry out systematic and painstaking treatment for months—for years. A careful hygiene, continual supply of fresh air night and day, and yet scrupulous care in avoiding cold in the routine of daily life, proper clothing, frequent baths, and even douches to counteract the bad effects of and limit the profuse sweating, gentle and graduated exercise to invigorate the heart, I consider to be among the principal measures to help the patient in his fight with the disease. Of the utmost importance is the frequent supply of nutritious food by the mouth, by the rectum, combined with the judicious use of stimulants. Feeding, nay, over-feeding, as Debove advises, is indeed the *sine qua non* of an improvement or a possible cure in the case of a patient suffering from so chronic and debilitating a disease as pulmonary tuberculosis.